



2012 – 2013  
ARIZONA HIGHLY QUALIFIED ATTESTATION FORM  
READING SPECIALIST  
(Interventionist)

*(Pursuant to requirements mandated by P.L. 107-110 No Child Left Behind Legislation)*  
To be completed by reading specialist, reading consultant, remedial reading teacher, reading interventionist, or teachers in a similar position, in Grades K-12 to verify Highly Qualified status.

Name:		SSN (last 4 digits):	
School:		LEA:	
Teacher Work Email:		School Start Date: (mm/yyyy)	

(Date teacher **first** began working at this school site)

1. Holds a bachelor's degree

**AND**

2. Holds a valid Arizona teaching certificate (A.R.S. §15-502.B) – Provisional, Reciprocal or Standard (charter school teachers are exempt from this requirement)

- a. ☐ Early Childhood Certificate
- b. ☐ Elementary Certificate
- c. ☐ Secondary Certificate
- d. ☐ Foreign Teacher Certificate
- e. ☐ Special Education Certificate (List Disability Area(s): \_\_\_\_\_)

**AND**

3. Teaching Assignment: Reading Specialist (Interventionist) \_\_\_\_\_

# Periods taught in this Core Content Area

Check only **ONE** option below:

- a. ☐ Reading Specialist Endorsement (*district schools*)
- b. ☐ Meets the requirement for a Reading Specialist Endorsement (*charter schools*)

*If you met the requirements for 1, 2, **and** 3 (including 3a or 3b), under federal guidelines, you are considered **highly qualified**.*

☐ **Highly Qualified Teacher**

☐ **Non-Highly Qualified Teacher**

I attest to the factual completion of this evaluation.

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Principal

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date